

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1					1				
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48		1								
49		1								
50		1								
TOTAL IND.							14			
TOTAL DEP.							47			
TOTAL CLAIMS							61			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS